the tension of the eye becomes diminished, and vision impaired, leading to complete blindness.

The treatment consists in the early enucleation of the injured eye. Iridectomy does not appear to be of any service.

The second form of sympathetic ophthalmia is the ordinary serous iritis (aquocapsulitis). This form, though very obstinate, does not appear to lead to irido-cyclitis; the vitreous humour generally remains intact, and it is in this form that the enucleation of the injured eye is attended with the best results.

The third form, and the mildest, is that to which the term sympathetic neuroses has been well applied. It is characterized, above all, by considerable photophobia with consecutive spasm of the orbicularis, lachrymation, slight circum-corneal injection manifested upon the slightest visual effort, feebleness of vision and deficient power of accommodation. A typical case of this form is narrated in which the patient, being of excessively nervous temperament and worn-out by suffering, declined to submit to enucleation, and where Dr. Meyer had recourse to an operation—suggested by Von Graefe, but not previously employed either by him or others—viz., division of the ciliary nerves, with the best results; the photophobia and irritability ceased entirely, and visual power returned. In this case the primary lesion was an iridectomy, in the performance of which a portion of iris remained impacted between the lips of the wound in the ciliary region; this gave rise to ciliary irritation, leading to sympathetic neuroses. In two other cases he has employed this operation with the best effect. In the one case, a burn from lime was the original injury; in the other, a wound with scissors, involving the cornea, iris, and ciliary region. After the operation, tenderness in the ciliary region completely disappeared.

The following is the method of operating: Having found the region tender to the touch, a fold of conjunctiva is pinched up at the corresponding margin of the cornea, and incised (as for the operation of strabismus), and the cellular tissue uniting the conjunctiva divided to the extent and in the direction required by the plan of operation. A strabismus hook is then passed under the tendon of the nearest muscle so as to fix the eye. The hook being held in the left hand, a puncture is made through the sclerotic in the ciliary region obliquely to the surface, with Von Graefe's narrow knife, in the same manner as for extraction. Counter-puncture is effected, and the section completed, whereby a linear incision is obtained parallel to the margin of the cornea, at which vitreous humour at once presents itself. The hook is carefully removed, and the lips of the conjunctival wound brought together by a suture. Several days elapse ere the wound in the sclerotic heals. Little reaction follows the operation, and no further treatment is required than rest, subcutaneous injection of morphia into the temple, and, where there is pain and restlessness, the application of a pressure bandage.

Of the three eyes operated on, one, which had commenced to shrink before the operation, is completely atrophied since; the other two have preserved their normal shape.—*Edin. Med. Journ.*, Nov. 1868, from *Annales d'Oculistique*, tome lviii.

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61. *Sympathetic Ophthalmia cured by Neurotomy.*—Sympathetic ophthalmia is undoubtedly one of the most dangerous forms of inflammation of the eye, and it has been considered that but one desperate remedy existed to check it, namely, the removal of the primarily injured eyeball—an operation Mr. J. Z. LAURENCE designates (*Lancet*, Nov. 14, 1868) as "severe, bloody, and disfiguring to the patient—an operation only admissible from the known funestral consequences to the sympathetically affected eye if we allowed the injured one to remain.

"After it was established that sympathetic ophthalmia consisted in propagated *cyclitis*, Dr. E. Meyer, of Paris [see preceding article], on a suggestion of Professor von Graefe, in three cases succeeded in curing the sympathetic ophthalmia by *dividing the ciliary nerves* of the primarily affected eye. He has been followed by Professor Secondi, of Genoa; and now I have the honour to lay before the profession a fifth successful case.

"T. S——, aged twenty, was admitted into St. Bartholomew's Hospital, Chatham, under my care, on June 20th. Twelve years previously a piece of steel had struck his left eye. He had still perception of light; sclerotitis and cyclitis were present. By means of a probe, it was found that the most tender part of the ciliary region was situated downwards and outwards. The tension of the globe was normal. He complained of great intolerance of light in the uninjured eye—the right one; as soon as he fixed this upon any object, pain and watering ensued, so that the eye was practically useless to him for any near occupation; but for distant objects his vision was found to be perfect (S=1). On the 22d I made an incision of about half an inch along the tender part of the ciliary region of the primarily injured eye; a little vitreous escaped.

"Aug. 3d.—Left the hospital perfectly cured. He could now read for hours together with comfort with his left eye, and all traces of the trifling operation on his right eye were gone.

"On October 24th a letter was received from the patient, stating that he could 'read for five or six hours at a time without any pain whatever;' that he is engaged in 'steel-turning, which is very trying to the eyes, but is happy to say it does not affect him but very little.' The eyes do not water. He finds working by gaslight painful, but daylight does not affect the (right) eye in the least. He finds objects appear to him 'closer than they really are.'"

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62. *Amaurosis from Neuralgia of Dental Nerves.*—In Zehender's *Klin. Monatsbl. f. Augenheilk,* 1868, Dr. ALEXANDER describes a case in which for five weeks the patient had experienced a constantly increasing defect of vision in both eyes, without any change in the appearance of the organs excepting some symptoms of hyperæmia of the pupil, which the ordinary antiphlogistic treatment failed to remove. The patient suffered from neuralgia of the dental nerves connected with carious teeth; upon the extraction of the latter the dental suffering ceased, and soon afterwards the loss of vision was removed; at first on the side corresponding with that from which the decayed teeth were extracted, but after the lapse of a few days the sight of both eyes became fully restored.—*Centralblatt f. d. Medicinisch. Wissenschaften,* June, 1868. D. F .C.

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63. *Microscopic Structure of the Lens in Man and in Vertebrata.*—Dr. ZERNOFF, of Moscow, from numerous experiments and researches of his own, arrives at the following conclusions on this subject.

"1. In the lens of man and all vertebrata, the epithelium of the anterior capsule is directly connected with the lens-fibres.

"2. It is most probable that the growth of the lens (in youth) depends upon the new formation of fibres out of the cells of the epithelium.

"3. The nuclei described by Ritter as present in the small central fibres of the frog's lens are also present in other considerably longer, more external fibres, and are readily distinguishable by their form from the nuclei of the peripheral fibres.

"4. The amorphous mass described by some as present in the kernel of the lens does not exist.

"5. The tubes between the lens-fibres described by Von Becker, and the amorphous matter with which they are filled, are artificial productions. It is not necessary to presuppose a displacement of fluid (in the lens) in order to explain the act of accommodation, such as Von Becker describes, as the altered form of the lens may be caused by the elasticity of its fibres.

"6. The lens of adult birds differs from that of other adult vertebrata, not only in the peculiar arrangement of the fibres at the periphery, but also in possessing a ring of amorphous substance situated betwixt the capsule and the fibres, a little behind the equator."—*Edin. Med. Journ.*, Nov. 1868, from *Archiv für Ophth.*, band xiii. abth. 2.

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64. *An Improved Method of Extracting in Cases of Cataract.*—In our number for July, 1867, will be found a brief account of Dr. CHARLES TAYLOR'S method of extracting cataract. In a paper read before the British Medical Association at its late meeting, he presented some further observations on the subject, and gives the results of his more extended experience. In his method